

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **09/786642**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4				1		
5				1		
6				1		
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TOTAL IND.	1		1			
TOTAL DEP.	2		5			
TOTAL CLAIMS	3		6			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
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